

REQUEST AND AUTHORIZATION FOR SPECIFIC AIRCREW QUALIFICATION

NAME(LAST, FIRST, MI)		GRADE	CAPID (6-digits)	CHARTER NO.
ADDRESS (STREET, CITY, STATE, ZIP)				
HOME TELEPHONE	WORK TELEPHONE	MOBILE TELEPHONE	E-MAIL	

VERIFIED BY UNIT Stnd/Eval or CC:

VERIFIED BY UNIT Stnd/Eval or CC:		VERIFYING INITIALS			VERIFYING INITIALS
DATE OF BIRTH (ALL)			STATEMENT OF UNDER (ALL)		
			YES NO		
CAP MEMBERSHIP EXPIRES (ALL)			CFI RATINGS (IP, CP, MCP)		
FAA PILOT CERTIFICATE (ALL)			NCPSC COMPLETION DATE (CP)		
PVT COMM ATP					
MEDICAL DATE (ALL)			PIC HOURS (R)		
			ASEL:		
CAPF WRITTEN EXAMS (ALL)			CAPF5 CADET ORIENT. (R,C)		
LIST A/C:			YES NO		
FAA FLIGHT REVIEW DATE (ALL)			MISSION SORTIES (MCP)		

AUTHORIZATIONS REQUESTED

INSTRUCTOR PILOT (IP)	MISSION CHECK PILOT (MCP)	ROTC ORIENTATION (R)
CHECK PILOT (CP)	CADET ORIENTATION (C)	OTHER:

SIGNATURES:

I CERTIFY THAT THE ABOVE DATES ACCURATELY REFLECT MY UNIT PILOT FILE AND UNDERSTAND THAT AT ANY TIME I DO NOT MEET ANY REQUIREMENT OF CAPR60-1 §3-2, I CANNOT ACT UNDER THIS AUTHORIZATION.

APPLICANT SIGNATURE	DATE	TYPED NAME/GRADE OF APPLICANT
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I CERTIFY THAT THE ABOVE DATES ACCURATELY REFLECT THE UNIT'S FILES AND RECOMMEND THIS MEMBER FOR THE ABOVE FLIGHT AUTHORIZATION(S).

UNIT COMMANDER RECOMMENDATION (SIGNATURE)	DATE	ACTION NO.
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I CERTIFY THAT, ON THE BASIS OF THE INFORMATION PROVIDED ABOVE, THIS APPLICANT MEETS THE STANDARDS AND QUALIFICATIONS TO PERFORM THE REQUESTED DUTIES.

WING STND/EVAL RECOMMENDATION (SIGNATURE)	DATE	ACTION NO.
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I AUTHORIZE THIS APPLICANT TO ACT IN THE CAPACITY(IES) OF THE ABOVE AUTHORIZATION(S) FOR TWO YEARS FROM THE DATE BELOW, PROVIDED S/HE REMAINS CURRENT PER CAPR60-1 §3-2 AND THIS ORDER IS NOT OTHERWISE RECINDED OR CANCELLED.

WING COMMANDER SIGNATURE	DATE	ACTION NO.
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INSTRUCTIONS FOR COMPLETING OKWGF T00-1

This document is the means by which wing members may request Wing commander authorization for specific pilot types listed in CAPR60-1 §3-2. Authorization will be indicated by the return of the form, with the Wing Commander's signature. A copy of the signed form will serve as proof of authorization.

1. **Applicant ID and contact information**

Name, Grade, CAPID, Charter Number, Address, and a primary phone number are required.

2. **Pilot File information and Verification**

Initials by each item verifies that it accurately reflects documentation held in the **unit pilot files**, not that this documentation is in the *applicant's* possession. All required documentation must be kept up to date in the unit folder in order for the member to continue to serve in the authorized capacity. Check Pilots (CAPF-5) must also maintain duplicate current records with the Wing S/E officer.

- a. **Date of Birth:** Must be at least 17 to act as a pilot, 18 as a check pilot, and 21 as a Cadet Orientation Pilot.
- b. **CAP Membership Expiration:** You must be current as a CAP member.
- c. **FAA Pilot Certificate:** Indicate the type of certificate by circling the appropriate level.
- d. **Medical Date:** You must have had an FAA medical issued within 24 calendar months (36 calendar months, if applicant is under 40 years of age).
- e. **CAPF5 Written Exams:** If you plan to exercise your privileges in more than one aircraft type, you must complete an annual written exam for each aircraft type, in addition to completing a check ride in the highest category of aircraft. List all aircrafts for which a written questionnaire has been completed within the last year and an appropriate CAPF-5 initial and recurrent flight exam have been successfully passed.
- f. **FAA Flight Review:** This may be a Flight Review issued by a flight instructor, a certificate renewal or upgrade by administration of a checkride, or completion of an FAA Wings Phase.
- g. **Statement of Understanding:** All pilots must execute the January, 1992 Statement of Understanding. Indicate whether or not the signed document is in the unit folder.
- h. **CFI Rating:** Required for Instructor Pilots, Check Pilots, and Mission Check Pilots.
- i. **NCPSC:** Completion of the National Check Pilot Standardization Course must be accomplished within the past two years. Indicate the completion date, maintained in the pilot folder either as with a letter of completion or a completion certificate.
- j. **PIC Hours:** To serve as a ROTC Orientation Pilot, a pilot must have at least 500 PIC hours in the category and class of the aircraft to be used. This does NOT require an authorization separate from the Cadet Orientation Authorization, however, this information is collected to maintain Wing Records.
- k. **CAPF5 Cadet Orientation:** If the "Cadet Orientation" block was checked in the "Type Check" and the administering check pilot indicated the applicant "has demonstrated proficiency required to be a cadet orientation pilot" on the most recent, current, and applicable CAPF5, circle **YES**, otherwise, circle **NO**.
- l. **Mission Sorties:** Required to be authorized as a Mission Check Pilot.

3. **Authorization Requested:** Indicate each authorization for which the applicant meets the requirements of CAPR60-1 §3-2. Unit S/E and CC should cross out those for which this member **is not** recommended. Wing S/E or CC may cross out additional authorizations, leaving those for which authorization is granted.

4. **Signatures:** Applicant and Unit Commander should read agree to the applicable statement and indicate by signing, prior to routing to the Wing S/E officer. Authorization is granted with the signature of the Wing Commander on this Form.

5. **Send Form to Oklahoma Wing Headquarters SE.** Fax, scanned e-mail attachment, hand delivery, or postal mail is acceptable. Authorizations will be return to the unit CC via the unit mailbox at wing. If a copy is desired by fax or e-mail, please indicate in an attached note.